

[CTC - HRO - PTPP - Recruitment & Selection - 7.8.5-c-061] [Insurance Nomination form- June 2024]

| Form of N | omination for | r Death Insurance for CTC Employees |
|-----------|---------------|-------------------------------------|
| a | - E . E | |

| 1011110 | I Nomination for I | Death Insurance for CTO | - E1 |
|-----------------------------|-----------------------|--|-------------------------------------|
| I Zarava | | 1010101 | - Employees |
| | S | /d/w/o Arif | hoo. |
| CIVIC# 17301-86 | 7179An-1. | | bearing |
| nominate the person/ | persons mentioned | _ working as _ CH. | hereby |
| beneficiary(ies) to receive | e the death insurance | below who is/ are m | hereby nember(s) of my family as |
| | Thouast Hisulatice | d below who is/ are me amount (sum assured) in | the event of my death. |
| | (1 | First choice) | |
| Name of Nominee/ | | | |
| Nominees | Relationship | Specification of Share | hare Contact Number |
| | | | |
| ALIP | | | |
| nrit | Fathar mathar | Full | 0210-9 |
| Chart I | | 1 | 0318-9042120 |
| Snagagira | Ma That | tull | 0218-9040100 |
| | | | 13.13 (192120 |
| | (In case of death a | ((: | |
| | (are case of death o | f first choice) – 2 nd Option | |
| Name of Nominee/ | Relationship | Specification of Share Contact Number | |
| Nominees | | opecation of Share | Contact Number |
| | | | |
| | | | |
| | | | |
| | | | |
| Thereby cortified that II | | | |
| me | pove noted member (s | s) of my family mentioned a | re wholly dependent upon |
| | | | y - F aport |
| The earlier nomination mad | de by me (if any) may | I kindle L | |
| |) I arry ina | kindly be treated as cance | elled and of no effect |
| | | | |
| | | | |
| DATED: | | SIGNATURE OR TH | UMB IMPRESSION OF |
|) 0 | | THE EM | IPLOYEE |
| 2-9-24 | | Faravay_ | |
| | | | |
| | | | |